



# VAN BUREN PUBLIC TRANSIT

610 David Walton Drive  
Bangor, Michigan 49013

RIDES (269) 427-7921  
RIDES 1-800-828-2015  
BUSINESS (269) 427-7377  
FAX (269) 427-5062

"OUR BUSINESS IS PICKING - UP"

## Employment Application

### AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

This application will be held on active status for three (3) months from date of application.

#### IF YOU NEED AN ACCOMMODATION -- PLEASE CONTACT US.

Instructions: Please print the requested information in the spaces provided below:

Date of Application: \_\_\_\_\_  
Month/Day/Year

Date available to begin work: \_\_\_\_\_  
Month/Day/Year

<b>N A M E</b>	Name(Last) _____ First _____ Middle _____	
	Home Address (Number) (Street) _____	Home Telephone Number _____
	City _____	Cell Phone Number _____
	State _____ Zip _____	Business Telephone Number _____

Please check the position you are applying for.

This position is **Part Time**.

\_\_\_\_ Bus Driver \_\_\_\_ Dispatcher \_\_\_\_ Other (Please specify) \_\_\_\_\_

This position is **Full Time**.

\_\_\_\_ Mechanic \_\_\_\_ General Office/Clerical \_\_\_\_ Other (Please specify) \_\_\_\_\_

Have you ever been an employee of Van Buren County or any other area bus companies? ☐ YES ☐ NO

If YES: Employment dates: \_\_\_\_\_ Classification: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

<b>E D U C A T I O N</b>	High School _____ City/State _____	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
	College _____ City/State _____	Degree _____
	Vocation/Trade School _____ City/State _____	Major or Degree _____

Have you ever been employed by any bus, truck delivery or taxi company? \_\_\_\_\_

If so, name and address \_\_\_\_\_

Type of work performed \_\_\_\_\_

Have you ever been discharged or requested to resign any job? ☐ YES ☐ NO

If YES, please explain circumstances \_\_\_\_\_

Are you presently employed? ☐ YES ☐ NO

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**For Positions Required to Operate Transit Vehicles ONLY**

Do you presently have a valid Michigan Driver's License? ☐ YES ☐ NO

If YES, **Indicate your license number** \*\* \_\_\_\_\_ How many points do you currently have against your driver's license? \_\_\_\_\_ When does your license expire? \_\_\_\_\_

Do you have a Commercial Drivers License? ☐ YES ☐ NO

If YES, ☐ A ☐ B ☐ C Endorsements: ☐ T ☐ P ☐ N ☐ H ☐ X

**Applicants must be willing to work any assigned times/days.**

\*\* Your driver's license number is required.

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**Equipment/Maintenance Skilled Labor Positions ONLY**

Please check those skills which you could use immediately in a job.

**MECHANIC**

☐ Preventive Maintenance

☐ Brake Re-line

☐ Engine Tune Up

☐ Lubes, Oil Changes

☐ Electrical Systems

☐ Steering

☐ Air Systems

☐ Suspensions

☐ Transmission Repair/Rebuild

☐ Tire Maintenance

☐ Hydraulic Systems Diagnosis

☐ Engine Repair & Overhaul - Gas

☐ Engine Repair & Overhaul - Diesel

☐ Automotive Electrical Systems

☐ Other, specify \_\_\_\_\_

**PAINTER**

☐ Metal Finish Painting

☐ Paint Spray Gun

☐ Lettering

☐ Other, specify \_\_\_\_\_

**BODY REPAIR**

☐ Frame Straightening

☐ Welding & Torch Usage

**A/C AND HEATING**

☐ Compressors

☐ Troubleshooting and Diagnosis

☐ Repairs

☐ Other, specify \_\_\_\_\_

**For Management & General Office Positions ONLY**

☐ Typing \_\_\_\_\_ wpm

☐ Shorthand \_\_\_\_\_ wpm

☐ Speed writing \_\_\_\_\_ wpm

☐ Adding Machine

☐ Dictaphone

☐ Cash Register

☐ Bookkeeping

☐ Payroll

☐ Other, specify \_\_\_\_\_

☐ Telephone Switchboard

☐ Word Processor

☐ Memory Typewriter

☐ Calculator

☐ Accounting

☐ Inventory

☐ Computer systems and software programs. Please list in detail \_\_\_\_\_



**EMPLOYMENT HISTORY** --- Please provide a complete chronological record of your employment history for at least the past 10 years, beginning with your current or most recent employment. Periods of No employment history (school, raising family, military, unemployment, etc.) should be included. Use additional page(s) if needed.

**PLEASE PRINT ALL INFORMATION**

**1**

Company Name	Contact Person	Telephone (    )
Address	City	State      Zip
Employed (List Month and Year) From      To		
List Your Job Title and Responsibilities		Reason for Leaving

**2**

Company Name	Contact Person	Telephone (    )
Address	City	State      Zip
Employed (List Month and Year) From      To		
List Your Job Title and Responsibilities		Reason for Leaving

**3**

Company Name	Contact Person	Telephone (    )
Address	City	State      Zip
Employed (List Month and Year) From      To		
List Your Job Title and Responsibilities		Reason for Leaving

**4**

Company Name	Contact Person	Telephone (    )
Address	City	State      Zip
Employed (List Month and Year) From      To		
List Your Job Title and Responsibilities		Reason for Leaving

**5**

Company Name	Contact Person	Telephone (    )
Address	City	State      Zip
Employed (List Month and Year) From      To		
List Your Job Title and Responsibilities		Reason for Leaving

**6**

Company Name	Contact Person	Telephone (    )
Address	City	State      Zip
Employed (List Month and Year) From      To		
List Your Job Title and Responsibilities		Reason for Leaving

**EMPLOYMENT HISTORY - CONTINUED**

PLEASE PRINT ALL INFORMATION			
7	Company Name		Contact Person
	Address		Telephone ( )
	City	State	Zip
List Your Job Title and Responsibilities			Employed (List Month and Year) From To
			Reason for Leaving
8	Company Name		Contact Person
	Address		Telephone ( )
	City	State	Zip
List Your Job Title and Responsibilities			Employed (List Month and Year) From To
			Reason for Leaving
9	Company Name		Contact Person
	Address		Telephone ( )
	City	State	Zip
List Your Job Title and Responsibilities			Employed (List Month and Year) From To
			Reason for Leaving
10	Company Name		Contact Person
	Address		Telephone ( )
	City	State	Zip
List Your Job Title and Responsibilities			Employed (List Month and Year) From To
			Reason for Leaving
11	Company Name		Contact Person
	Address		Telephone ( )
	City	State	Zip
List Your Job Title and Responsibilities			Employed (List Month and Year) From To
			Reason for Leaving
<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p> <p><b>DO NOT CONTACT</b></p> <p>Employer Number(s) _____ Reason _____</p> <p>_____</p> <p>_____</p>			



Have you ever been convicted of a felony? (Do not include misdemeanor or traffic offenses) ☐ YES ☐ NO

If yes, please list date, place and nature of offense: \_\_\_\_\_

Are there any felony charges presently pending against you? ☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

If you have served in U.S. Armed Forces, date of discharge: \_\_\_\_\_

Describe any special training: \_\_\_\_\_

Do you have the legal right to live and work in the United States? ☐ YES ☐ NO

**Medical Examinations.** In accordance with the provisions of the Americans With Disabilities Act, Van Buren Public Transit may require job applicants to undergo a medical examination after an offer of employment has been made and prior to the commencement of employment duties, and may condition the offer of employment on the results of such employment entrance examination. Medical examinations for Bus Driver positions will be conducted in accordance with Department of Transportation standards.

#### DO NOT INCLUDE FORMER EMPLOYERS, EMPLOYEES, OR RELATIVES

REFERENCES	(Full Name)	(Address)	(City)	(State)
	(Area Code)(Telephone)	(Employed by)	(Occupation)	
	(Full Name)	(Address)	(City)	(State)
	(Area Code)(Telephone)	(Employed by)	(Occupation)	
	List any relatives employed by Van Buren County; state the employee's name, department and relationship to you.			
	List name(s) of friend(s) employed by Van Buren County.			

I represent that the answers and information given by me in this application are true and complete without qualification. I hereby authorize Van Buren Public Transit to verify the same and to make any investigation of my background deemed necessary. I authorize former employers, law enforcement organizations, educational institutions and any other third party to give Van Buren Public Transit any information they have regarding me without receiving written notice from them.

I understand that Van Buren Public Transit has the right to refuse to hire or immediately terminate my employment at any time if it discovers that I have provided incomplete, untrue or misleading answers in this application or any other documents or forms at any time during my employment.

I authorize Van Buren Public Transit to use any information in its possession concerning me for any purpose it deems appropriate, including disclosure of information to any third party without any notification to me of such disclosure and I release Van Buren Public Transit from any liability in connection with such use of disclosure.

I HEREBY CERTIFY THAT I AM NOT CURRENTLY ENGAGED IN THE ILLEGAL USE OF DRUGS. I understand that as a condition of employment, I may be required to take a pre-employment drug test for the illegal use of drugs. I agree that the results of this test may be submitted to Van Buren Public Transit and I expressly release the collection agency and the testing laboratory from any and all liability for performing the requested test and for communicating the results to Van Buren Public Transit. I understand that if the results of any pre-employment drug test are positive, it will be cause for rejection of my application or, if I am hired, that my employment with Van Buren Public Transit may be immediately terminated.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please return to:

**VAN BUREN PUBLIC TRANSIT**  
**610 David Walton Drive**  
**Bangor, MI 49013**

## **RELEASE STATEMENT**

I request and authorize the release of all information requested (transcripts, references, previous employers) to be given to Van Buren Public Transit, 610 David Walton Drive, Bangor, Michigan 49013. Phone: 269-427-7377.

I understand this information will be used only to evaluate my qualifications for work.

I hereby release you and all individuals or persons connected herewith from all liability for providing this information and waive my right to written notice of the release to Van Buren Public Transit of any relevant information that may be contained in my personnel file.

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Maiden Name or Other Married Names (If applicable): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_



VAN BUREN PUBLIC TRANSIT (VAN BUREN COUNTY)

CRIMINAL HISTORY CHECK  
RELEASE FORM

As an applicant or probationary employee of Van Buren Public Transit, I understand that it is this organization's policy to secure criminal history information as part of their employment screening process using the information provided below.

Name: \_\_\_\_\_

Maiden name or names previously used: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

I understand that the above information is required by the Central Records Division of Michigan State Police, Lansing, Michigan. I authorize Van Buren Public Transit to utilize the above information for the sole purpose of obtaining a criminal history file search.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_